

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/529564	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			/					
2			/					
3			/					
4			/					
5			/					
6			/					
7			/					
8			/					
9			/					
10			/					
11			/					
12			/					
13			/					
14			/					
15			/					
16			/					
17			/					
18			/					
19			/					
20			/					
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.			2					
TOTAL DEP.			18					
TOTAL CLAIMS			20					

2
 18
 20